

SNC-301

Instructions and Form

Introduction

We have updated the SNC-301 form and provided line-by-line instructions in order to make it as simple and clear as possible to complete. There is no separate SNC-001 form this year as the information on that form has been combined with the SNC-301.

Even if you have completed this form in previous years, please pay close attention to the instructions as some of the items have been moved, renamed, or even deleted to provide more relevant data in the SNC's Annual Report to the Legislature.

Purpose

The SNC-301 form is used to gather data about the sources and use of 911 funding, call volumes for counties and Wayne County Service Districts, and a status update on projects, services, and any ESInet activities in the counties. The information is used to provide the Michigan Legislature with the status of 911 as required in the State 911 Committee's Annual Report to the Legislature under MCL 484.1412.

Requirements

This form is due no later than **Friday, May 13, 2016**. Handwritten or faxed forms will not be accepted.

Information should be reported for the period covering the 2015 calendar year, and include data for all primary PSAPs in the county.

Submitting Form

As the State 911 Office will be moving in March, please submit completed forms by email. This will ensure your forms do not get lost in the move between buildings. Send completed forms to hansels@michigan.gov.

Please note faxed and/or handwritten forms will not be accepted.

Line-by-Line Instructions

Section I:

County/Service District Information

Enter the county name and the contact information for the county coordinator.

The county coordinator is the person designated by the county board of commissioners to serve as the single point of contact for the county to represent the county, and the PSAPs within the county, in regard to financial, operational, and policy issues related to 911.

Section II:

Authorization and Certification

Enter the date of the last time fund was audited (*this would not include if you had a compliance review by the Certification Subcommittee review team*).

Enter whether the county has a 911 plan in place, if it is currently open, and the date the plan was last updated. *(This is the same information that used to be on the separate SNC-001 form.)*

Printed name and signature of person completing the form. A signature, electronic or original, is required.

Section III:

PSAP Information

Enter the name of and contact information for each PSAP in the county/service district. Additional sheets are included on the last page to use as needed. *(This is the same information that used to be on the separate SNC-001 form.)*

Section IV:

1-6. Statistical data regarding call volumes for all PSAPs in reporting county.

Section V:

Do not include SNC training funds in the totals for this section. The data will be reported separately by the information provided directly from the PSAPs.

7. 2015 Total State 911 Fee Distribution Received

Monies the county receives from the Michigan Department of Treasury's quarterly distribution. (Ex: On a phone bill, there is a state 911 fee. The provider collects and remits the payment to Treasury, and Treasury distributes to the counties under MCL 484.1408(4)).

8. 2015 Total Local 911 Fee Received

Local surcharge monies received from the providers and paid directly to the county.

9. 2015 Total 911 Millage Receipts

If the county has a 911 millage, enter that amount here.

10. 2015 Total General Fund Monies

If the county or local government uses general fund monies to support the operation of 911, enter that amount here. This is for all PSAPs in county/service district.

11. 2015 Total Other Receipts

Other receipts include things such as grant monies received, tower space revenue, or PSAPs contracting with other local agencies for dispatching services. **Enter explanation/indicate source(s) in Section VII(A).**

Section VI:

Do not include SNC training funds in the totals for this section. The data will be reported separately by the information provided directly from the PSAPs.

12. Total Expenses

Enter total of all expenses for 2015. A breakdown of expenses is listed in lines 12a-12e. **If line 12 does not equal lines 12a-12e, enter explanation in Section VII(B).**

- 12a-12e – enter total amounts spent for each funding source.

- *Some counties combine state and local spending into one pool rather than separating the two. If this is you, enter the total in line 12a (total state 911 surcharge monies spent) and leave line 12b blank.*

13. Is there carryover of 2015 funding sources

Answer yes or no. If yes, explain what the funding sources are, the reason for the carryover, and the amount of the carryover. **If applicable, enter explanation in Section VII(C).**

14. Is there carryover from previous reporting years?

Answer yes or no. If yes, explain what the funding sources are, the reason for the carryover, and the amount of the carryover. **If applicable, enter explanation in Section VII(D).**

Section VII:

Enter an explanation to questions in Section V and/or VI.

Section VIII:

This section collects data which will be used to report the status of NG911 planning to the Michigan Legislature in the Annual Report and to the National 911 Resource Center through the National 911 Profile Database.

2016 REPORT TO THE LEGISLATURE COUNTY INFORMATION REPORT

AUTHORITY: 1986 PA 32, as amended; **COMPLIANCE:** Voluntary; **PENALTY:** No funding

Information should be reported for the period covering the 2015 calendar year, including data for **all** primary PSAPs in the county.

I. County/Service District Information

County/Service District Name	County 911 Coordinator
Address, City, Zip Code	
Phone Number (Include Area Code)	E-Mail Address of County Coordinator

II. Authorization and Certification

Date the 911 fee revenue was last audited	
Does the county have a 911 plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the plan is currently open, when is the final hearing date?	Date the plan was last updated, either by administrative resolution or the entire plan
Briefly explain what changes were made	
Printed name of person completing form	Date
Signature of person completing form – a signature, electronic or original, is required (<i>By signing, I verify all information contained on this form is accurate</i>).	

III. PSAP Information *(List all primary PSAPs in your county/service district, using the additional sheets as necessary).*

Name of PSAP			
Primary PSAP Contact and Title		E-mail Address of Contact	
Address		City	Zip Code
Phone Number – admin line	Phone Number – 24/7 line	Wireless 911 calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	Text-to-911? <input type="checkbox"/> Yes <input type="checkbox"/> No

IV. 2015 911 Call Volumes for ALL PSAPs in Reporting County

Item	Total
1. 2015 Total wireline 911 calls received	
2. 2015 Total wireless 911 calls received	
3. 2015 Total VoIP 911 calls received	
4. 2015 Total texts-to-911 received	
5. 2015 Total PSAP non-emergency/administrative calls (non 911 lines) (not including those listed above)	
6. 2015 Total incidents dispatched	

V. Total 911 Funding Sources COUNTYWIDE

Item	Total
7. 2015 Total <u>state</u> 911 fee distribution received	
8. 2015 Total <u>local</u> 911 fee received	
9. 2015 Total 911 millage receipts	
10. 2015 Total general fund monies	
11. 2015 Total other receipts – (indicate source(s) in Section VII(A))	

Do not include training funds in above totals. The data will be reported separately by the information provided directly from the PSAPs.

VI. 2015 Expenditures COUNTYWIDE

Item	Total
12. Total expenses (if line 12 does not equal lines 12a-12e, explain in Section VII(B))	
a. Total state 911 fee spent	
b. Total local 911 fee spent	
c. Total 911 millage monies spent	
d. Total general fund monies spent	
e. Total other monies spent	
13. Is there carryover of 2015 funding sources? (If yes, explain in Section VII(C))	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Is there carryover from previous reporting years? (If yes, explain in Section VII(D))	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do not include training funds in above totals. The data will be reported separately by the information provided directly from the PSAPs.

VII. Supplemental Information

A. Explanation of total other receipts (line 11).
B. Explanation of total expenses (line 12).
C. Explanation of carryover of 2015 funding sources (line 13).
D. Explanation of carryover from previous reporting years (line 14).

VIII. NG911 Development Progress

A. Please check which boxes apply to your county:

- | | |
|--|--|
| <input type="checkbox"/> ESInet in place | <input type="checkbox"/> NG911 and/or ESInet/IP RFP released |
| <input type="checkbox"/> Accepting 911 calls via IP | <input type="checkbox"/> NG911 components/ESInet procured |
| <input type="checkbox"/> NG911 Concept of Operations developed | <input type="checkbox"/> Addresses geocoded/synced with MSAG |

B. What parts/functions of NG911 or ESInet/IP have been procured or requested in an RFP?

C. Has your county taken any steps towards implementing an ESInet that are not listed above? ☐ Yes ☐ No
If yes, please explain:

Accompaniment to Section III PSAP Information(Additional sheets to list **all** primary PSAPs in your county/service district)

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Primary PSAP Contact and Title		E-mail Address of Contact	
Address		City	Zip Code
Phone Number – admin line	Phone Number – 24/7 line	Wireless 911 calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	Text-to-911? <input type="checkbox"/> Yes <input type="checkbox"/> No

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